## **EG-13-B** Financial and Other Information Statement for Businesses Note: We may require support for amounts shown on this form.

Step 1: Tell us about yo	our business						
<b>1</b> Business name		7 List partners or officers.	Attach an additional s	heet, if necessary.			
Address		NameAddress					
City	State ZIP	Address					
2 Federal employer identification num	nber (FEIN)	Number of shares or interestSocial Security number or FEIN					
3 Illinois business tax (IBT) number	<del></del>						
4 Business phone ()		Name Address					
5 Estimated average net income for the		Address					
Net income for past two years \$  6 Net income for past two years \$		Number of shares or interestSocial Security number or FEIN					
Step 2: Tell us about yo Attach an additional shee	our bank accounts (in the same format, if necessa		savings, certificates	of deposit, etc.)			
<b>A</b> Name of institution	<b>B</b> Address	<b>C</b> Type of account	<b>D</b> Account number	<b>E</b> Balance			
8							
10							
Step 3: Tell us about yo	our real property						
<b>A</b>	В	С		D			
Brief description of property	Type of ownership	Physical addr	ess	County			
11							
12 13							
Step 4: Tell us about yo and savings an		credit lines from t	banks, credit	unions,			
A	a round B		С	D			
Type of account or card	Name and address of	financial institution	Credit limit	Credit available			
14 15 16							
17							
Step 5: Tell us about yo	our life and health i	nsurance policies					
Α	В	С	D	E			
Insurance company	Policy number	Туре	Face amount	Available Ioan value			
18							
19							
Step 6: Tell us if bankru	uptcy is pending						
20 Are foreclosure, bankruptcy, receive benefit of creditors proceedings per	nding?yesno	23 Have you disposed of an exchange, gift, or in any of	other manner except	for full value from			
<b>21</b> Bankruptcy number		the beginning of the period the present date?y statement showing amou	resno If yes,	attach a separate			

24 Cash	Present value	Liabilities Balance due	Amount of equity or asset	Monthly payment amount	Pledgee or obligee	Date of first payment	Date of final paymer
<b>24</b> Casii							
25 Bank accounts							
<b>26</b> Cash or loan value of ins.							
27 Accounts/notes receivable							
28 Merchandise inventory							
29 Machinery and equipment							
<b>30</b> Real property							
31 Vehicles (model/year)							
1							
)							
32 Other assets (describe)							
)							
33 Federal taxes outstanding							
34 State taxes outstanding							
35 Accounts/notes payable							
36 Charge cards							
<b>37</b> Other (include judgements	)						
1							
)							
<b>38</b> Total							
<ul><li>39 Gross receipts from sales</li><li>40 Gross rental income</li></ul>				6 Net wages an			
41 Interest 42 Dividends 43 Other income (specify)			5 5 5 5 5	(no. of employ 7 Materials pure 18 Repairs and r 19 Supplies 10 Monthly pmts 11 Utilities/teleph 12 Gasoline/oil 13 Insurance 14 Current taxes 15 Other (specify	chased maintenance . from Line 38 none		
<b>42</b> Dividends	3.		5 5 5	7 Materials pure 18 Repairs and r 19 Supplies 10 Monthly pmts 11 Utilities/teleph 12 Gasoline/oil 13 Insurance 14 Current taxes	chased maintenance . from Line 38 none		
42 Dividends 43 Other income (specify)			5 5 5	17 Materials pure 18 Repairs and r 19 Supplies 10 Monthly pmts 11 Utilities/teleph 12 Gasoline/oil 13 Insurance 14 Current taxes 15 Other (specify 16 Add Lines 45	chased maintenance . from Line 38 none		
42 Dividends 43 Other income (specify)	I net income.		5 5 5	17 Materials pure 18 Repairs and r 19 Supplies 10 Monthly pmts 11 Utilities/teleph 12 Gasoline/oil 13 Insurance 14 Current taxes 15 Other (specify  16 Add Lines 45  This amount i	chased maintenance . from Line 38 none  //) through 55.		